

**GUELPH YOUTH SINGERS
MEDICAL/CONTACT INFORMATION AND RELEASE FORM 2018/2019**

This form is to provide information for use as needed at rehearsals and workshops, as well as on trips out of town, when parents may not be immediately available. "Staff and volunteers" refers to those working directly with the choristers for a specific event. This information will be kept confidential to those involved in those specific activities.

Chorister's Name: _____	Birth date: (d/m/y) _____	Choir _____
Health Card Number: _____ <i>(Disclosure is Voluntary)</i>	Weight: _____	lbs/kg

In the event of an emergency, please contact:

Name: _____ Relationship to chorister: _____

Telephone (day) _____ (evening) _____

Please describe any allergies or illnesses the chorister has:

Does the chorister have any special dietary requirements due to health, religious, or personal reasons? If so, please specify.

Please list any medications that the chorister will be required to take regularly and the reason they are required.

NOTE: All medications taken while chorister is away from home with Guelph Youth Singers (i.e. at weekend retreat or on out-of-town trip), must be kept in the original packaging with label indicating the dose and **how often it is to be administered**. All medications are to be given to retreat/tour director preceding the event.

Is there any other pertinent health information (physical or emotional) that Guelph Youth Singers staff and volunteers should know?

Release (to be completed by parent if chorister is under 18 or by chorister's 18 years & older)

I, _____, self or parent/legal guardian of _____, hereby grant a power of attorney to the conductor or his/her designate to consent to any medical or surgical treatment that may be required by myself or my child/ward in the opinion of a qualified medical practitioner during the period of my or my child/ward's attendance **at any Guelph Youth Singers' activity** during the 2018/19 season in the event I cannot be contacted.

I also release Guelph Youth Singers and their employees, directors, or volunteers from any and all claims or demands that may be made on behalf of myself or my child/ward arising from any act, omission, or matter that occurs during my or my child/ward's participation in any portion of Guelph Youth Singers programme.

Signature

Date

SPECIAL POWER OF ATTORNEY FOR CHOIR TRAVEL

Guelph Youth Singers - Choirs III & III/Chamber, Young Men’s Ensemble, Musical Theatre Academy & sheVoce (other choirs leave blank) (Both parents must sign this document)

I/We, _____, of the _____ of _____, in the County of Wellington, being the parent(s) of _____, born _____, ____ having given my/our child permission to be a member of Guelph Youth Singers, desire to execute a Special Power of Attorney, and hereby make, constitute and appoint Markus Howard, or whomsoever he designates, as my/our Attorney (hereinafter my/our “Attorney”) to act as follows and I/we hereby grant the full power for the following:

TRAVEL - I/We hereby authorize the said Attorney to take my/our child out of the Province of Ontario. I/we will be solely responsible to obtain and keep in force all necessary out of province medical insurance coverage as may be required by my/our child and agree to indemnify and hold my/our Attorney harmless for any lack thereof.

MEDICAL AND HOSPITAL CARE – In the event I/we are unavailable for immediate contact and approval, I/we authorize and execute my/our consent for any and all medical and hospital care and treatment, including any major surgery, deemed necessary by a duly licensed and qualified physician selected by my/our Attorney, for the health and well-being of my/our above-named child. I/we further authorize my/our Attorney to perform all necessary acts in the execution of the aforesaid authorization, with the same validity as I/we could effect if personally present. Any act lawfully done hereunder by my/our said Attorney shall be binding on my/ourselves, my/our heirs, legal and personal representatives, and assigns. It is understood and agreed that I/we will be notified by the quickest means possible if this power is exercised.

It is understood that there may be occasions when my/our child will request pain relief medication, such as for a headache. I/we HEREBY SPECIFICALLY PERMIT my/our said Attorney to give my/our child Tylenol®, or whatever pain medication is normally taken by my/our child, in the recommended dosage for his/her age.

HOLD HARMLESS AGREEMENT – FURTHER, in consideration of the performance of any or all of the functions and performances authorized, and as an inducement to my/our Attorney to perform functions on my/our behalf and for the benefit of my/our child, I/we HEREBY AGREE TO ASSUME the risk of and hold harmless and hereby release my/our Attorney, from any liability for negligence in the performance of said functions and performances, HOWEVER, this shall not apply to willful or wanton misconduct affecting my/our child. I/we further agree to indemnify them for any and all costs that arise in connection with their acting in Attorney capacity for me/us.

PERIOD OF VALIDITY – This Special Power of Attorney shall be effective and apply during the period that the Choir is in session for the 2018 to 2019 season of Guelph Youth Singers.

I/WE HAVE READ THIS SPECIAL POWER OF ATTORNEY IN ITS ENTIRETY AND FULLY UNDERSTAND ITS TERMS AND CONDITIONS AND AGREE TO BE BOUND BY THEM. I/WE ARE AT LEAST EIGHTEEN YEARS OF AGE.

IN WITNESS WHEREOF, I/we have set my/our hand(s) and seal(s) this _____ day of _____, 2018.

Witness

Signature of Parent

Witness

Signature of Parent